

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

662

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Coile</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Coile</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City Mo</u>				c. CITY OR TOWN <u>Jefferson City</u>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>104 SE McCARTY</u>				d. STREET ADDRESS (If outside, give location) <u>4043 E McCarty</u>			
3. NAME OF DECEASED (Type or print) First <u>PETER</u> Middle <u>STEPHAN</u> Last <u>MERTENS</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>22</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 27 1887</u>	
9. AGE (In years last birthday) <u>70</u>		10. KIND OF BUSINESS OR INDUSTRY <u>STATE AUDITOR Office</u>		11. BIRTHPLACE (City and state or country) <u>Linn Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>JOHN MERTENS</u>				14. MOTHER'S MAIDEN NAME <u>ANNIE GERTRUDE ANGENENT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>498-05-0846</u>			
17. INFORMANT <u>Mrs. RALPH EBERLIN</u>				Address <u>J.C Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED CARCINOMATOSIS</u> DUE TO (c) <u>CARCINOMA PANCREAS (BODY)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>8 mos.</u> <u>16 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u>	
20c. TIME OF INJURY Hour <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>	
20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20h. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>		STATE <u>—</u>	
21. I attended the deceased from <u>MAY 19 1957</u> to <u>JAN 22 1958</u> and last saw him alive on <u>JAN 15 1958</u> Death occurred at <u>9:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <u>R. Donald Shull M.D.</u>				22b. ADDRESS <u>521 E. High, Jefferson City, Mo</u>		22c. DATE SIGNED <u>Jan. 25, '58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/25/58</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Our Lady of the Snow</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
24. FUNERAL DIRECTOR <u>R. Donald Shull</u>		ADDRESS <u>J.C Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>28 January 1958</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. - M.R.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Sylvester D. Miller*

Licensed Embalmer No. *43*

P. O. Address *Jeffersonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.